

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019698

FILED VS MAY 24 1966

147

Registration District No. 1002

Primary Registration District No.

2520

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 20yrs	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2406 Agnes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LUCILLE Middle OLIVIA Last WILLIAMS			4. DATE OF DEATH Month 5 Day 5 Year 1960			
5. SEX female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-7-1923	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of year, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Patricia Cosm,	11. BIRTHPLACE (City and state or country) Alvarado, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas A. Burton		13b. MOTHER'S MAIDEN NAME Hattie York		14. NAME OF HUSBAND OR WIFE Jessie Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 455-12-4526	17. INFORMANT Jessie Williams		Address 2406 Agnes	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>terminal Pneumonia - lobar</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Perforating esophageal ulcer - carcinoma</i> DUE TO (c) <i>ulcer - carcinoma</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 day</i> <i>3 mo</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <i>mar 1 - 1960</i> to <i>may 5</i> and last saw her <i>alive</i> on <i>may 5 - 1960</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Wm A. Jackson MD</i> (Degree or title)			22b. ADDRESS <i>1107 Bryant Blvd</i>		22c. DATE SIGNED <i>5/6/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5-7-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Corsicana, Texas</i>		23d. LOCATION (City, town, or county) <i>Corsicana Texas</i>		
24. FUNERAL DIRECTOR <i>Wilkins Bros. Funeral Home 18th Benton</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>5-6-60</i>	26. REGISTRAR'S SIGNATURE <i>Wesley Trinchell</i>			

DOCUMENT

JACKSON MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1st St. Banta

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.